

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/02/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495188		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02 B. WING _____		(X3) DATE SURVEY COMPLETED R 01/29/2015	
NAME OF PROVIDER OR SUPPLIER APPOMATTOX HEALTH AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 235 EVERGREEN AVE APPOMATTOX, VA 24522			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	<p>INITIAL COMMENTS</p> <p>Construction Type: V(111)</p> <p>Description of structure: The facility is a one story building of wood frame construction and concrete floors and is separated from the two story building by a 2-Hour rated fire barrier wall.</p> <p>Sprinkler status: The facility is fully sprinklered with NFPA #13 systems supplied by a 30,000 gallon static tank and a diesel fire pump.</p> <p>An unannounced Life Safety Code revisit to the standard survey conducted 12/17/14 was conducted on 01/29/15, in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2000 Health Existing regulations. The facility was in compliance with the Requirements for Participation Medicare and Medicaid. Corrected deficiencies are identified on the CMS-2567B.</p> <p>Construction Type: II(111)</p> <p>Description of structure: The facility is a two story building separated from the main building by a 2-Hour rated fire barrier wall. The first floor houses the dining area, kitchen, mechanical room, laundry facility and the Physical Therapy room. There are no patient sleeping rooms in this building.</p> <p>Sprinkler status: The facility is fully sprinklered with NFPA #13 systems supplied by a 30,000 gallon static tank and a diesel fire pump.</p> <p>An unannounced Life Safety Code revisit to the standard survey conducted 12/17/14 was</p>			{K 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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